## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/542137

|  | CLAIMS AS FILED - PART I  (Column 1) (Column 2) |   |  |  |                      |  |   | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
|--|---|---|--|--|----------------------|--|---|---------------------|------------------------|----|----------------------------|------------------------|
| Ų.S. NATIONAL STAGE FEES   |   |   | 1  |  | <u> </u>             |  |   | RATE                | FEE                    |    | RATE                       | FEE                    |
| BAS  | SIC FEE   |   | SMALL ENT.                                 | = \$ 150                                 | LARG                 | SE ENT. = \$ 300                       | 1 | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXA  | AMINATION FE                                    | E   | Satisfies PCT Ar<br>(4) = \$50             |  |                      | All other situations = \$ 100 / \$ 200 |   | EXAM. FEE           |                        | 1. | EXAM. FEE                  | 200                    |
| SEARCH FEE   |   |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | 50 / \$ 100<br>untries =                 | All ot               | All other situations = \$ 250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |   |   | minu                                       | us 100 =                                 |                      | / 50 =                                 |   | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот  | TAL CHARGEAE                                    | 3LE CLAIMS                                      | // mir                                     | nus 20 =                                 |                      | •                                      |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDI   | EPENDENT CL                                     | AIMS  | m  | inus 3 =                                 | .—                   | •                                      |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPENI                                    | DENT CLAIM PRE                                  | ESENT                                      |  |                      |  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |  |  |                      |  | • | TOTAL               |                        | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |   |   |  |  |                      |  |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| ΑF   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGH<br>NUM<br>PREVIO<br>PAID            | IBER<br>OUSLY        | PRESENT<br>EXTRA                       |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   |   | Minus                                      | **                                       |                      | =                                      |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| AMEN   | Independent                                     | •   | Minus                                      | ***                                      |                      | =                                      |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |  |                      |  |   | + \$ 180 =          | eron o                 | OR | + \$ 360 =                 |                        |
|  |   |   |  |  |                      |  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|  |   | (O-1) mm (1)                                    |  |  |                      |  |   |                     |                        |    |                            |                        |
| πв   |   | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | (Colum<br>HIGH<br>NUMI<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| OMEN   | Total   |   | Minus                                      | **                                       |                      | =                                      |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| AMENDMENT  | Independent                                     | *   | Minus                                      | ***                                      |                      | =                                      |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| )  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |  |                      |  |   | + \$ 180 =          | <                      | OR | + \$ 360 =                 |                        |
| TOTAL ADDIT.  FEE  OR  TOTAL ADDIT.  FEE   |   |   |  |  |                      |  |   |                     |                        |    |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |   |   |  |  |                      |  |   |                     |                        |    |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.